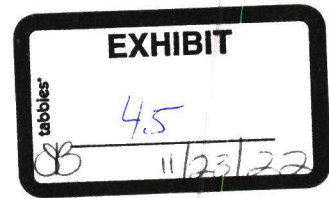


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HEALTH

# Proposal to hasten herd immunity to the coronavirus grabs White House attention but appalls top scientists

By Joel Achenbach

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Maverick scientists who call for allowing the coronavirus to spread freely at “natural” rates among healthy young people while keeping most aspects of the economy up and running have found an audience inside the White House and at least one state capitol.

The scientists met last week with Health and Human Services Secretary Alex Azar and Scott Atlas, a neuroradiologist who has emerged as an influential adviser to President Trump on the pandemic.

When asked for comment, HHS referred a reporter to Azar’s subsequent Twitter statement about the meeting: “We heard strong reinforcement of the Trump Administration’s strategy of aggressively protecting the vulnerable while opening schools and the workplace.”

A senior administration official told reporters in a background briefing call Monday that the proposed strategy — which has been denounced by other infectious-disease experts and called “fringe” and “dangerous” by National Institutes of Health Director Francis Collins — supports what has been Trump’s policy for months.

“We’re not endorsing a plan. The plan is endorsing what the president’s policy has been for months. The president’s policy — protect the vulnerable, prevent hospital overcrowding, and open schools and businesses — and he’s been very clear on that,” the official said.

“Everybody knows that 200,000 people died. That’s extremely serious and tragic. But on the other hand, I don’t think society has to be paralyzed, and we know the harms of confining people to their homes,” the official added.

Trump has long chafed at the economic damage from shutdowns imposed to control the pandemic, and has repeatedly pushed states to reopen, at one point threatening to withhold federal funding from states that did not open schools. After he contracted the virus and developed symptoms of covid-19, the disease caused by the virus, serious enough to require hospitalization, Trump still urged the public, “Don’t be afraid of Covid.”

In pushing his agenda, Trump has steadily drifted away from the counsel of his own government’s top doctors, such as White House coronavirus task force coordinator Deborah Birx and Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

Into that void has stepped Atlas, who has relied on the maverick scientists to bolster his in-house arguments. At a recent White House news briefing, he cited them by name.

The three scientists pushing the strategy, which they call Focused Protection, have distinguished academic appointments. Martin Kulldorff is an epidemiologist at Harvard University. Sunetra Gupta is an epidemiologist at the University of Oxford. Jay Bhattacharya is a physician and health economist at Stanford Medical School.

They have codified their argument in the form of a document posted online that called itself the Great Barrington Declaration, named after the town in Massachusetts where it was unveiled on Oct. 4 in a ceremony at a libertarian think tank.

The authors argue that their approach would decrease the undesirable public health effects of restrictions and closures, which disproportionately affect lower-income people. The declaration does not mention wearing masks, engaging in social distancing, avoiding crowds and indoor environments, or any of the other recommendations pushed by most government and scientific experts.

The authors contend that permitting the virus to spread naturally among young people — who are much less likely than their elders to have a severe outcome — will shorten the pandemic by hastening the arrival of herd immunity, the point at which there’s enough immunity in the general population to prevent the virus from spreading at epidemic rates.

“The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk,” the declaration states.

The online document claims that thousands of doctors and scientists have signed it, as well as hundreds of thousands of people in the general public. Britain’s Sky News reported last week that some of the names are transparently fake, such as “Dr. Johnny Bananas” and “Dr. Person Fakename.”

It is unclear to what extent the maverick plan has changed policies on the ground, given that Trump has not implemented a national strategy, deferring to the states, where governors, mayors and other local officials are making most of the tricky decisions about restrictions and lockdowns. But the Focused Protection idea already has

found a purchase in Florida: Kulldorff, Gupta and Bhattacharya participated in a virtual roundtable discussion with Florida Gov. Ron DeSantis (R) in late September.

DeSantis has ordered the reopening of bars and other businesses, and has drawn national attention for his aggressive posture on school reopenings.

The Great Barrington Declaration is not a scientific document. As critics readily point out, it presents no data. It has no footnotes, few specific suggestions for how to implement the societal segregation and, unlike most scientific arguments, does not discuss potential objections to the proposal.

“What I worry about with this is it’s being presented as if it’s a major alternative view that’s held by large numbers of experts in the scientific community. That is not true,” Collins, NIH director, said in an interview.

“This is a fringe component of epidemiology. This is not mainstream science. It’s dangerous. It fits into the political views of certain parts of our confused political establishment,” he said. “I’m sure it will be an idea that someone can wrap themselves in as a justification for skipping wearing masks or social distancing and just doing whatever they damn well please.”

Critics of Focused Protection say the idea is impractical, unethical and potentially deadly. There is no way, they say, to segregate society neatly by levels of vulnerability. Many vulnerable people live in multigenerational households. And although it is true that younger people are unlikely to die of covid-19, they can still become sick, potentially with chronic lung damage or other long-duration symptoms known as “long covid.”

Allowing the virus to spread more rapidly among younger and healthier populations will increase the threat to people who are already vulnerable, noted Natalie Dean, a University of Florida biostatistics expert.

“Is the solution then that we hide away the old people until society can safely resume for them? The solution is not very appealing to the elderly,” she said.

Critics note that Sun Belt states, such as Florida, already have seen the consequences of young people flooding bars and socializing as though there were no pandemic: Hospitalizations and deaths spiked within weeks.

William Hanage, an epidemiologist at the Harvard T.H. Chan School of Public Health, raised the question of how younger people who are sick would be kept separate from older patients: “What do you do for the sort of younger populations who need health care themselves? Are you going to have separate hospitals for young people and older people?”

Gregg Gonsalves, an epidemiologist at the Yale School of Public Health, posted a Twitter thread Monday excoriating the Focused Protection strategy as a recipe for “carnage,” writing, “Walking with these pied pipers into the arms of [the virus] because you think you’re not at risk or your elders are taken care of is not a plan. It’s a massacre.”

Kulldorff said he thinks the sharp age gradient in deaths from covid-19 is not sufficiently appreciated. He also thinks the corollary public health effects of shutdowns need greater attention — which is one argument many experts share.

Stefan Baral, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health, chose not to sign the Great Barrington Declaration even though he agrees with many of the points it raises about the social costs of shutdowns. He didn't sign it, he said, because it did not address ways to minimize the health inequities the pandemic has exposed. He would like to see more investment in communities severely affected by shutdowns.

"I am particularly worried about a dynamic in which our first thought when we see increased transmission is to move toward a model of new restrictions," Baral said. "I would much rather support an approach where we understand vulnerabilities and we add resources, not restrictions."

*Yasmeen Abutaleb contributed to this report.*